61PE 409						
SEP 0 8 2005		•	•			
Effec	ctive on 12/08/	04		Com	plete if Know	n
Fees pursuant of the Consolida			Applica	ation Number		/759,804
PEC IR	ANS	WILLIAL	Filing C	ate		nuary 12, 2001
For FY 2005			amed Inventor	Su	rajit Chaudhuri	
				ner Name	Ma	arcin R. Filipczyk
□ Applicant claims small entity status. See 37 CFR 1.27			Art Uni		21	
TOTAL AMOUNT OF PAY	MENT (§) 450.00	<u> </u>	s Mail Label No.	160 N/A	0325.01 A
METHOD OF PAYMEN	T (check a	ll that apply)				
☐ Check ☐ Credit C	Card	Money Order	None	Other (please identify	v)·	
		_	_	-		CORRORATION
Deposit Account De			_	eposit Account Name: M		CURPURATION
		t account, the Director is	s nereby autho	_		
⊠ Charge fee(s) ⊠ Charge any ad under 37 CFR	dditional fee(s) or underpayments of	f fee(s)	☐ Charge fee(s) ind ☐ Credit any overpa		except for the filing fee
WARNING: Information on tinformation and authorization	this form ma on on PTO-2	y become public. Cred	dit card inform	ation should not be i	ncluded on this	form. Provide credit ca
FEE CALCULATION			<u>, </u>			
1. BASIC FILING, SE	FILING		ON FEES EARCH FEE Small B		TION FEES	
Application Type	Fee (\$)		ee (\$) Fee		Fee (\$)	Fees Paid (\$)
Utility	300	150 5	500 250	200	100	0
Design	200	100 1	100 50	130	65	
Plant	200	100 3	300 150	160	80	
Reissue	300		500 250		300	
Provisional	200	100				0
2. EXCESS CLAIM FEE		100	0 0	0	0	<u> </u>
#: #X4E00 0EX.III : EE						Small Fast
,						Small Enti Fee (\$) Fee (\$)
Fee Description Each claim over 20 or, for	r Reissues,	each claim over 20	and more tha	n in the original par	tent	Fee (\$) Fee (\$) 50 25
<u>Fee Description</u> Each claim over 20 or, for Each independent claim o	over 3 or, f	each claim over 20 a or Reissues, each inc	and more tha	ın in the original par aim more than in th	tent ne original pate	Fee (\$) Fee (\$) 50 25
Fee Description Each claim over 20 or, for Each independent claim o Multiple dependent claims	over 3 or, fo	or Reissues, each in	and more tha dependent cl	in in the original par aim more than in th	tent ne original pate	Fee (\$) Fee (\$) 50 25
Fee Description Each claim over 20 or, for Each independent claim of Multiple dependent claims Total Claims	over 3 or, fo s <u>Extra Claim</u>	or Reissues, each ind <u>1s </u>	dependent cl	laim more than in th <u>Multiple De</u>	ne original pate	Fee (\$) Fee (\$) 50 25 ent 200 100 360 180
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SUBMITTED BY		<u>. </u>	
Signature	Stere Spellner	Registration No. (Attorney/Agent) 45,124	Telephone (425) 707-9382
Name (Print/Ty	pe) Steven J. Spellman	Date 9-1-2005	

ON FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (160325.01) Application Number 09/759,804 Filed January 12, 2001 For IMPROVED SAMPLING FOR QUERIES Art Unit 2161 Examiner Filipczyk, Marcin R. This is a request under the provisions of 37 CFR 1. 136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee **Small Entity Fee** One month (37 CFR 1.17(a)(1))\$120 \$55 ☑ Two months (37 CFR 1.17(a)(2)) \$450.00 \$450 \$215 \square Three months (37 CFR 1.17(a)(3)) \$1020 \$490 Four months (37 CFR 1. 1 7(a)(4)) \$1590 \$765 \square Five months (37 CFR 1.17(a)(5)) \$2160 \$1040 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. 冈 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 50-0463. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). Ø attorney or agent of record. Registration Number 45,124. attorney or agent under 37 CFR 1.34. П Registration number if acting under 37 CFR 1.34 9/1/2005 Date

(425) 707-9382

Telephone Number

09/08/2005 EFLORES 00000029 500463 09759804

Steven J. Spellman

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

Typed or printed name

_ forms are submitted

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450.00 DA

signature is required, see below.

Total of